

Sport, Culture and Heritage

ETHNOCULTURAL COMMUNITY SUPPORT PROGRAM – Final Report Form

- ECSP grants are to be used solely for the purposes specified in the Funding Agreement unless written permission has been obtained from Strategic Policy Branch to vary these purposes.
- Organizations are encouraged to submit any additional materials that may demonstrate the delivered program(s)/special initiative such as brochures, year-end reports and testimonials.

Date: _____

Organization Name: _____

Contact Name and Title: _____

Phone #: _____

Email: _____

GRANT INTAKE YEAR: _____

GRANT AWARD TYPE: Programming Special Initiative Both

FINAL REPORT

 On a separate document, please provide an overview of each program/special initiative supported through ECSP. Briefly answer all of the following questions for each program/special initiative (two-three sentences per question):

1. How did the program/special initiative achieve the objective(s) outlined in the proposal? Please describe any community needs that these objectives addressed.
2. How did the program/special initiative promote the exchange or preservation of ethnocultural practices, traditions, languages and/or customs?
3. Who benefitted from the program/special initiative's activities? Please be as specific as possible (e.g. youth aged 13-16 years, families, preschool children and their parents, general public, etc.)
4. How was the program/special initiative delivered (e.g. instruction, workshop, video, publication, event, etc.)?
5. Describe the role, title and duties of personnel (staff, volunteers, contractors) who supported the delivery of the program/special initiative. In your description, please include the type of remuneration (volunteer, honoraria/fee, salary).
6. Please describe any highlights or challenges in delivering the program/special initiative.

If your organization received funding for more than three programs, please add [another copy](#) of the chart below to your final report.

Program Name	Special Initiative Title:	Program 1 Title:	Program 2 Title:	Program 3 Title:
Location (address)				
Was the location owned or rented by the organization?	Owned <input type="checkbox"/> Rented <input type="checkbox"/>			
Start Date (mm/dd/yyyy)				
End Date (mm/dd/yyyy)				
Frequency of delivery (one-time, weekly, etc.)				
Confirmed # of participants				
Confirmed # of personnel (volunteers and paid staff)				
Language of program delivery (include all)				

FINANCIAL OVERVIEW

You must submit a financial overview of all sources of revenues and an itemized breakdown of all associated costs for each program and/or special initiative supported by ECSP.

Please refer to the website for a [suggested template \(xlsx\)](#). Should you wish to use the template, please adapt or modify the line items as necessary to reflect your organization's revenues and expenses.

DECLARATION

A completed Final Report form, Financial Overview and any supporting materials must be received on or before April 30 and sent to strategic.policy@gov.mb.ca.

You should receive an automated email confirming receipt of your email shortly after your submission. If you do not, please contact our office at 204-945-5632.

Final reports that are incomplete or late can result in the suspension or forfeiture of the second grant instalment. Consideration for future grants is dependent upon the satisfactory completion of all outstanding reporting obligations.

I certify that the information contained in this report is accurate and complete.

Signature of Contact

Date

Please keep a copy of this report for your records.